

(Unit Letterhead)

(Date)

SUBJECT: TRAVEL ORDERS AND AUTHORIZATION FOR TREATMENT

TO: MEDICAL TREATMENT FACILITY, ATTN: PATIENT ADMINISTRATION  
THE ADJUTANT GENERAL, CALIFORNIA NATIONAL GUARD, ATTN: CAMP-MSB  
UNITED STATES PROPERTY and FISCAL OFFICER for CALIFORNIA, ATTN: CAUS-TR  
TRANSPORTATION OFFICER  
Individual Concerned

1. The following member of the California Army National Guard is authorized medical care under the provisions of para 6, NGR 40-3, and para 4-2, AR 40-3 and is ordered to report for treatment as indicated:

(Last Name, First Name, MI, SSN, Rank, Unit, Unit Address and ZIP Code)

Attached to: (Name, Address and ZIP Code of Medical Treatment Facility)

Reporting Date: Period:

Purpose: ☐ Treatment ☐ Evaluation ☐ Remedial Surgery ☐ MEB ☐ PEB

Additional instructions: Report to Patient Administration for an appointment in at hours (allow 15 minutes for processing).

If desired, Transportation Officer will furnish transportation request and meal tickets. Memorandum copy of transportation request and meal tickets will be forwarded to United States Property and Fiscal Officer for California, P.O. Box 8104, Camp San Luis Obispo, CA 93403-8104. Travel of dependents and mileage or monetary allowances are not authorized. Reimbursement for actual expenses is authorized. JTR Vol 1, 6005.

#### FOR ARNG/ARMY USE

AUTH: ☐ 32 USC 318; 37 USC 204(h) For all injuries incurred in line of duty. Also for diseases incurred in line of duty while under orders not specifying 30 days or less.

☐ 32 USC 319: For diseases incurred in line of duty while under orders specifying 30 days or less. Do not use for diseases incurred during inactive duty training.

Accounting classification: FY 96. Tvl. (Off) 2192060 18-1004 P2U21.1000 (21T1, 21T2) / BFO S04376; (Enl) 2192060 18-1004 P2U41.1100 (21T1, 21T2) / BFO S04376. NOTE: Enter UIC in blank for officer or enlisted accounting classification).

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2. Background and status at time of injury/disease are as follows:

Type of duty being performed: ☐ IDT ☐ AT ☐ ADSW ☐ REP TRNG ☐ OTHER

Inclusive dates of training:

Location where disease or injury occurred:

Date of occurrence: Diagnosis:

Line of Duty Status: Events leading to incident:

3. Request treatment facility complete CAL ARNG Form 40-6-2. If a DA Form 2173 or CAL ARNG Provisional Form 2173 is enclosed, request Section I of that form also be completed. These two forms should be returned to this headquarters along with any civilian medical bills.

FOR THE COMMANDER:

(Signature and signature block of Unit Commander or Representative)